Business Income



For Partnerships, Subchapter S Corporations and Limited Liability Companifical Year Beginning, 2007 and Ending, 20	ies
Check here if name or address has changed PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW	A. CHECK APPROPRIATE BOX(ES) COMPOSITE ACCOUNTING INITIAL RETURN AMENDED EXTENDED FINAL RETURN RETURN GANCELS ACCOUNT)
	B. VERMONT BUSINESS ACCOUNT NUMBER (# # # # # * * X X) RETURNS CANNOT BE PROCESSED WITHOUT THE VERMONT BUSINESS FEDERAL ID
	C. FEDERAL TAX RETURN FILED (CHECK BOX): 1120S 1065 1040 0THER
	D. ENTITY'S PRIMARY 6-DIGIT NORTH E. WILL YOU USE A COMPUTER AMERICAN INDUSTRIAL CLASSIFICA-GENERATED OR SUBSTITUTE
A copy of the Federal business income tax return must be attached to this return. Please PRINT in BLUE or BLACK ink.	TION SYSTEM (NAICS) NUMBER FORM TO FILE FOR 2008?
Were any shareholders, partners or members nonresidents of Vermont during this If Yes, complete and attach VT Form BI-472 or VT Form BI-473. Did this reporting business entity have income or losses derived from Vermont so If Yes, complete and attach VT Form BA-402. Did this reporting entity have any income and real estate withholding (REW) resul If Yes, attach a copy of VT Form RW-171 and all REW - Schedule As.	urces and at least one other state? Yes No
TAX COMPUTATION (see instructions):	Enter all amounts in whole dollars.
Check box if exception applies SMALL FARM §5832(2)(A) (\$75 minimum) SINGLE MEMBER; ENTITY IGNORED FOR FILING (\$0) NO VERMONT ACTIVITY / INACTIVE (\$0)	☐ INVESTMENT CLUB §5921 (\$0) ☐ IRC Sec. 761 (\$0) ☐ Q SUB FILING W/PARENT CORP. (\$0)
1. Vermont minimum entity tax (\$250) or above exception (see instructions)	1.
2. If this is a composite return , enter the Vermont Net Income from VT Form BI-472 or VT Form BI-473, Side 2. If the entity is not filing a composit return or not subject to Federal Income Tax on behalf of its members, enter \$0. (see instructions for built-in gains, etc.).	
3. Multiply Line 2 by the composite rate of 8.50%. Enter the result here	3,,,,
4. Total entity tax and composite income tax due (Add Lines 1 and 3). Enter the result here. (Round to the nearest whole dollar.)	4. 🔲 , 🔲 , 🔲 , , ,
5. Total tax payments and credits from Side 2, Line 15 of this form	5,,,,
6. Balance Due: If Line 4 plus applicable penalty, late fees and interest, is greate than Line 5, enter the difference (see instructions)	
OR	
7. Overpayment to be Refunded: If Line 4 is less than Line 5, enter the differen	ce 7
Check here and complete VT Form BA-404 and appropriate credit schedules if credits earned by this entity are passing through to shareholders, partners, or members.	IF CARRY-FORWARD TO NEXT YEAR REQUESTED, enter amount here.



SCHEDULE 1: TAX PAYMENTS and CREDITS COMPUTATIONS Enter all amounts in whole dollars. 8. Previous Payments and Payments with Extension......9. (Use these lines only if a composite filer.) **10**. NONRESIDENT REAL ESTATE WITHHOLDING (VT Form RW-171) Indicate Source FID # 11. NONRESIDENT (VT Form WH-435) payments made for this entity by another entity Indicate Source FID #_ 12. TAX CREDITS (From VT Form BA-404, Part II, Column B, Line 23). Attach calculation schedule or worksheet, EATI Annual Activity Report, authorization document, and 13. Add Lines 8 and 9, and if applicable, add Lines 10, 11 and 12. Enter the result here.13. 14. Use this payment computation line only if this is a composite return for participating shareholders, partners, or members. Total estimated tax payments made for nonresidents consenting to this 15. TOTAL PAYMENTS and CREDITS (Add Lines 13 and 14, as applicable). Note: Line 12 Tax Credits may not reduce your tax liability to less than the minimum tax or by an amount more than 80% of the original / pre-credit tax liability. Make check payable to: Vermont Department of Taxes For a Subchapter S Corporation, the return is due on the 15th day of the 3rd Send return to: Vermont Department of Taxes month following the year end, unless extended. 133 State Street For a Partnership or Limited Liability Company, the return is due the 15th Montpelier, VT 05633-1401 day of the 4th month following the year end, unless extended. Payment is due on the 15th day of the 3rd month (for Subchapter S Corporations) or the 15th day of the 4th month (for Partnerships and Limited Liability Companies) following the year end, even if the return is extended. I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. §5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer. Signature of Officer or Authorized Agent Printed name Date Daytime telephone May the Dept. of Taxes discuss this number (optional) return with the preparer named? ☐ Yes ☐ No Preparer's Date Check if self-employed signature Paid Preparer's Preparer's Social Preparer's Security No. or PTIN printed name **Use Only** Name and address of preparer's firm Preparer's or business Telephone Number